

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1226 Type of Application: (Choose one) Employment OR License
Code assigned by DOJ (Choose Only One)

Job Title or Type of License, Certification, or Permit: ICF Developmentally Disabled
ICF Dev. Disabled Habilitative
ICF Dev Disabled Nursing

Agency Address Set Contributing Agency:

Department of Health Services, L&C

Agency authorized to receive criminal history information

03314

Mail Code (five-digit code assigned by DOJ)

ATCS, Fingerprint Investigation Unit

(leave blank)

Contact Name (Mandatory for all school submissions)

Street No. Street or PO Box

1615 Capitol Avenue, MS 3301, P.O. BOX 997416

() (leave blank)

Contact Telephone No.

City State Zip Code

Sacramento

CA

95899-7416

Name of Applicant: Your full name

(Please print)

Last

First

MI

Alias: Other names known as

Last

First

Driver's License No.: CA Drivers License number

DOB: Your date of birth SEX: ☐ Male ☐ Female
(Check one)

Misc. No.: BIL - Not applicable

Agency Billing Number (if applicable)

HT: Your height WT: Your weight

Misc. No.: Your telephone number

Eye color: Your eye color Hair color: Your hair color

Home Address:

Place of Birth: Your place of birth

Your mailing address

Street or PO Box

SOC: Your social security number

City, State and Zip Code

Your Number: Facility name and, if known, license number
OCA No. (Agency Identifying No.)

Level of Service

☒ DOJ

☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute.)

Facility name

Employer Name

Facility address

Street No.

Street or PO Box

(Leave blank)

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

() Facility telephone number

Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

BCII 8016 (Rev 4/01) ORIGINAL—Live Scan Operator; SECOND COPY—Requesting Agency; THIRD COPY—Applicant

OSP 01 61351

NOTE TO APPLICANT: Send the second copy of this completed form to the Fingerprint Investigation Unit along with the
 HS 322 Transmittal Application for Criminal Background Investigation.